Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Mandesi Information in the shaded areas WASTE MANIFEST CAD981117269 is not required by Federal law. 3. Generator's Name and Mailing Address

COAST TO COAST

141 SUBURAN RO. est Document Number 8844488 111 C. State Transporter's ID CONSCUTING 7. Transporter 2 Company Name US FPA ID Numbe 9. Designated Facility Name and Site Address US EPA ID Number OMEGA CHAMIGAL CORP CALL E. whitfier Blue 488 12 Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Type No. 4 (Benzens Tohune) 84 mmaste Hairo Mos. NA 1993 1-800-424-8802: EPA/Other C. EPA (Celso) CENTER d. FPA/Ottent RESPONSE J. Additional Descriptions for Materials Listed Above Wastes Listed Above b. RENZALE TOLLIE MEKE NATIONAL 15. Special Handling Instructions and Additional Information Emergency 74hz phat Glows Goggles Tyrek CALL 16. GENERA (OR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPIL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that year afford. 8 FMERGENCY Printed/Typed Ma Signature Month Day ent of Receipt of Material R Ž Printed/Typed Name Signature Day AYNE OF 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this menifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year Real 08 118191

DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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